

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1					51					
2		1		1			52						
3		1		1			53						
4		2		1			54						
5		3		1			55						
6		0		1			56						
7		0		1			57						
8	1		1				58						
9		1		1			59						
10		2		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2								
TOTAL DEP.	15	←	11	←		←							
TOTAL CLAIMS	17		13										